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Original Essays.

Art. I.—*Hints on the practicability of extirpating the Parotid Gland, by N. R. Smith, M. D.*

Learned and skilful surgeons are still divided in opinion, in relation to the possibility of entirely removing the Parotid Gland, with safety to the patient. Some, indeed, on dissecting this gland, are so thoroughly convinced of the utter impracticability of removing the organ, as absolutely to reject the respectable testimony which avers that such an operation has been accomplished. These gentlemen, in their logic, are of the school of Hume. The thing seems to them so impossible, that it is easier for them to believe that Surgeons report falsely, or are deceived in regard to what they have accomplished, than that the parotid has been extirpated. Indeed, when we study the relations of this organ, when we see it deeply buried behind the jaw, inserting its prolongations into the surrounding parts, involving the great branches of the carotid—the maxillary and the temporal arteries—embracing, also, the nervus portio dura, and surrounded by the branches of the internal jugular; when we witness the uniform failure of the attempt to dissect out the entire

gland, when injected with mercury, we are almost inclined to exclaim with John Bell—"what shall we think, then, of those surgeons who talk in such familiar terms of cutting out the parotid gland"—"the cutting out completely the parotid gland is a thing quite impossible." But, on the other hand, when we listen to the declarations of such men as Mr. Goodlad, Mr. Carmichael, Klein, Bell himself at a subsequent period, Dr. McClellan, and other distinguished surgeons of our own country; men too well informed to be deceived in this matter, and too respectable to be discredited, it appears equally impossible to withhold our credence.

How shall we reconcile such seeming contradictions? When we say that both parties are probably right, our readers may at first presume that we have given them another absurdity to ruminate upon. But in making this assertion, we mean that, while it may be utterly impossible to extirpate entire a *healthy* parotid gland, from the living subject, it may be perfectly feasible, in many cases, thus to extirpate the organ, *when its form and situation have been materially changed by disease.*

The parotid, as we know, lies deeply buried in a narrow fossa which is incapable of any considerable degree of distension. Behind it, and within, are the mastoid and styloid processes, the vaginal process, and the margin of the auditory foramen. In front are the neck and angle of the lower maxillary bone. The bottom of this cavity is narrower than its external part. Now, when the gland becomes enlarged and indurated by disease, it is obviously impossible that it should remain deeply lodged in this confined situation. By the re-action of the temporal bone behind, and the jaw in front, (the gland being in some degree wedge-shaped,) it will be gradually urged outward, and disengaged from its deep situation. This will the more readily occur, because nearly all tumours incline to assume the spherical form, the diseased action commencing in a point and being equally diffused on every side, till it encounters some tissue different from that in which it commenced. Thus will the disease of the parotid extend itself until it encounters

the cellular capsule of the organ. By this the organ is so completely insulated, that the disease will here be for a long time arrested, and the increase of volume will be entirely in the gland itself. The cellular capsule of the organ will, in most cases, even become more distinct, being rendered thicker by the pressure which is exercised upon it, producing the effusion of lymph, and causing adjacent laminæ of tissue to be superadded to it.

As the gland is in this manner pushed outward, it necessarily withdraws its processes from the deep interstices in which they are lodged. By the growth of the tumour, too, these processes are finally lost in the general spherical surface of the diseased organ.

These changes, therefore, although they greatly increase the volume of the organ, must necessarily render it a great deal more superficial, more distinguishable from the surrounding parts, by its morbid consistence, and the thickness of its involucre. Consequently, it must be far more accessible to the knife, and more easily turned out of its bed.

Another circumstance, of perhaps more importance than any which we have named, is the fact that the enlargement and induration of the gland effect important changes in the condition of the arteries which pass through and around it. In the first place, as the gland itself recedes from the deep situation which it occupies, it necessarily drags outward these organs, rendering them superficial and more tortuous. This must necessarily, in some degree, interfere with the free circulation of the blood through these arteries. At the same time the indurated mass of the gland encroaches upon these vessels on every side, and so forcibly presses their walls together as to interrupt the circulation in many of them, and finally to obliterate their cavities altogether. The effect is precisely the same wherever any voluminous and indurated tumour encounters neighboring vessels. This is the sufficient reason why so many individuals have been enabled to accomplish the extirpation of the parotid gland without the occurrence of fatal hemorrhage—why, in some instances, the

hemorrhage has, indeed, been trifling, and in one instance from a single artery.

Those who assert the impossibility of extirpating the parotid, take into consideration merely the natural healthy relations of this organ, without at all adverting to the morbid changes which may occur in its form, situation and consistence. I am very willing to admit that to remove this organ, in its healthy condition, would be next to impossible, without a fatal result; but that it is sometimes practicable when the organ is diseased, I am perfectly confident, both for reasons which I have stated above, and because it is asserted by many surgeons of science and veracity that it has been done. The testimony of those who assert that the operation cannot be achieved is merely negative; while that of those who assert the opposite is positive and unqualified. Were twenty persons to declare to me that a thing could not be done, and two others, of equal credibility, were to assert that they had seen it accomplished, I should be justified in believing the latter.

I, myself, had an opportunity of seeing this operation performed by my friend Professor McClellan, of Philadelphia, on the person of Dr. John Graham, of New York. It is not necessay that I should describe the operation, or the character of the disease which rendered it necessary. This has been very faithfully and ably done by the operator. The tumour was, however, such as I have described. The disease appeared to have commenced near the centre of the parotid gland, and as it increased, had rendered the organ more nearly spherical, more superficial, and more distinct from the surrounding parts. The arteries involved in the gland seemed all to be obliterated, except the temporal, and this bled only in the retrograde direction, and was the only vessel tied.

I carefully examined the tumour, after the operation, and was perfectly satisfied that the whole gland had been removed. The portio dura was seen to pass directly through its substance. The muscles of that side of the face were necessarily paralyzed, and have not yet entirely recovered their contractili-

ty. I had an opportunity, at the expiration of a year after the operation, to examine the face of Dr. Graham, and there was then a deep vacuity, directly behind the neck of the jaw, such as to convince me that the gland no longer existed upon that side.

The same operation was accomplished, under similar circumstances, by the late Professor Smith, of Yale College. It was also performed by the late Professor Davidge of this City, and as I understand, has recently been achieved by Dr. Holmes, of Pittsburgh. I, therefore, regard the complete extirpation of the parotid gland, when diseased, as no longer a problem.

ART. II.—*On the Influence of Heat and Cold in the production and cure of disease.*—(*Continued from page* 14.)

In our former number we dwelt particularly on the morbific influence of heat and cold on the vascular system. We then intimated that they exercise a corresponding influence on the nervous system. We have already stated that cold, which may give firmness and tone to the contractile tissues, invariably obtunds the sensibilities of the nerves, and tends to produce a general torpor of that system; whereas heat, on the contrary, not only stimulates the nerves, but augments their vital sensibility.

When the body is in perfect health, and in a medium temperature, there is an equality of nervous excitement in all parts of the system, except in those organs the functions of which are exercised periodically. The diffusion of nervous influence, however, seems to be modified by external agents in a manner very analogous to that of the free circulation of the blood. The operation of heat on the surface of the body invariably increases nervous excitement, and augments the sensibility of the nerves. In health the nervous system seems capable of sustaining but a certain amount of nervous excitement. If it be

increased preter-naturally in one part of the system, it is observed generally to be diminished in other organs. When, therefore, the nerves are excited to increased action on the surface and in the extremities, by heat, nervous influence is derived from the deep organs, in a manner analogous to the derivation of blood from tthe deep-seated parts. The sensibilities of such organs are then temporarily diminished, and if the cause be long continued, the exercise of their functions rendered languid. We by no means undertake to explain, with precision, the mode in which this takes place. Those who adopt the belief that the brain generates, and the nerves convey, a subtile fluid, would explain what I assert by the supposition that this fluid is repelled from those nervous conduits which are near the surface, and driven inward upon the deep organs, which do not feel, except by sympathy, the vicissitudes of temperature.

However this may be, the assertion that there often occurs a repulsion of nervous excitement by the agency of cold, as well as a repulsion of blood, and of vascular excitement, will I think be generally admitted. But perhaps the strongest proofs are drawn from the phenomena of disease. Whenever there occurs morbid nervous excitement, (irritation) on the surface, or in the extremities, no fact is more familiar than its repulsion from such a situation upon more deeply seated organs. Such a repulsion occurs in crysipelas, the morbid excitement, by the influence of cold, being transferred from the skin to the mucous lining of the stomach or intestines, or to the brain. The same occurs, also, in gout. By the application of cold to the feet, the extreme irritation which characterizes this disease, is driven from these outworks of the system, but instantly seizes upon more deeply-seated organs.

So also, when morbid nervous excitement, (irritation) has primarily seized upon the central organs, (it being perhaps produced by the sudden repulsion of healthy excitement from the surface,) the application of heat to the surface of the body will derive nervous action from the deep organs, equalize excitement, and relieve the symptoms of irritation. This often

takes place in colic and other painful affections of the deep organs. In such cases we know that warm stupes, the warm bath, &c. are among the most effective means of relieving the morbid excitement within, and they do it by translating it to the surface. It would seem, in such cases, that the nervous system is capable of sustaining only a certain amount of nervous excitement. Some irritating cause has concentrated it in a particular organ. If, then, agents are employed for the purpose of forcing nervous excitement in remote parts, and those agents operate with more intensity than the primary cause, the current of nervous influence will be diverted from the deep organ, and directed to the surface. One of the most efficient agents which we employ for this purpose is heat, for, as I have before stated, it is the natural and necessary stimulus of the nerves.

It is obvious then, that heat and cold are productive of disease, as well by the morbific influence which they exercise on the nervous system, as by their more palpable action on the blood-vessels and their contents. Indeed it is undoubtedly necessary that the influence of these agents should be the same in both these systems, for when the blood is driven inward upon the viscera they are compelled to a more vigorous exercise of their secerning functions, and consequently, require a corresponding increase of nervous energy.

It is, then, by the combined influence which heat and cold exercise on the nervous and vascular systems, that these agents by their inordinate action generate disease.

Remediate agency of Heat and Cold.

The foregoing remarks will, in some degree, prepare us to appreciate correctly the influence of atmospheric vicissitudes in the removal of diseased action. It may certainly be regarded as an axiom in medicine, that it is the first duty of the physician, when contending against disease, to direct the most careful attention to the cause of the particular affection which may demand the exercise of his therapeutic skill. This is obviously of essential importance; first, in order to enable the physician to remove an agent which will otherwise be constantly labour-

ing to perpetuate, or re-produce the disease; secondly, because, if the disease be recent, the remedy should always be suggested by the cause—should be its direct antagonist, indeed, and produce on the system an impression that shall be inconsistent with the diseased action excited by the morbific agent.

Both heat and cold we have shown to be prolific sources of disease. They are often both the predisposing and exciting causes of some of the most formidable affections of which we treat. When, therefore, disease has resulted from the direct influence of cold, what should be the first care of the physician? Certainly to arrest as promptly as possible the operation of the cause by the substitution of heat; thus will he often break the train of morbid phenomena which are following each other in rapid succession, and then will the sanitive efforts of life be often sufficient to overcome the disease. But if disease be already established, and the restoration of the natural temperature of the surface be not sufficient to restore the equality of nervous and vascular excitement, then should we resort to a degree of heat as much above that to which the surface is accustomed, as the temperature which produced the disease may have been below it. Heat, thus applied, will produce a series of vital actions directly the reverse of that produced by the cause of the disease. If the blood has been driven from the surface to the deep organs—if nervous excitement or irritation has been translated by cold to the sensitive organs within, then will heat relieve the heart and great vessels, the liver, the lungs, brain, &c. by deriving from them the load of blood which oppresses them. The vessels of the surface will be dilated and filled, and incipient congestions and inflammations be promptly relieved. A similar revulsion will be produced in the nervous system. Nervous influence will be diverted from the centre to the surface. The sensibilities of the extreme nerves will be roused, and an equality of nervous excitement will thus be produced.

When, on the other hand, disease has resulted from the inordinate action of heat on the system, then, for similar reasons,

does cold stand in the relation of a remedy. It is to be observed, however, that heat is not often the immediate, but frequently the predisposing cause of disease; hence cold, under these circumstances, is a chronic remedy. When an individual has suffered long from the debilitating influence of extreme heat, the transition to a cool atmosphere is observed, if it be not too sudden, to be always attended with an increase of health and vigor.

When, however, as occurs in certain fevers, the surface of the body becomes preter-naturally hot from the redundant evolution of vital heat from the extreme vessels, then is cold often a remedy immediately efficacious, at least in alleviating the symptoms of the disease.

We would now direct our attention to the employment of these remediate agents, heat and cold, in the treatment of particular forms of disease, and to the mode of their application; and first, the employment of heat, in the cure of those diseases which arise from the influence of cold.

Whenever there occurs a sudden transition from temperate to extremely cold weather, the living system is always strongly impressed by the change. The more sudden the transition the less capable are the powers of life of resisting the effect. At such a period there frequently takes place a variety of diseases which every one immediately ascribes to the influence of cold. The character of these affections will very often depend on the peculiar susceptibilities of particular individuals. Some, for instance, have irritable lungs; others have digestive organs which are predisposed to disease; a third class are prone to cerebral disease; and a fourth to rheumatic inflammations of the muscles and fibrous tissues. Sometimes there will exist, at the time, an epidemic constitution of the atmosphere, (to use the phraseology of Sydenham) which predisposes the systems of nearly all individuals to the same form of epidemic disease. Cold, under these circumstances, is merely the exciting cause of disease.

Commonly, when the injurious impression of cold has been made on the surface of the body and in the extremities, there

will take place, before any specific character of disease is made manifest, a general commotion of the whole nervous and vascular systems. The circulating fluids being driven inward on the heart and great vessels—upon the stomach, intestines, liver, lungs, brain, &c. &c. these organs are immediately disturbed in the exercise of their functions. The fact that digestion is at once interrupted by such disturbance of the balance of action, has undoubtedly been observed by every individual in his own person, and especially by those who labour under the occasional symptoms of dyspepsia. When such an individual immediately after taking food exposes himself to unusual cold, he soon begins to experience uneasy sensations in the stomach—flatulence, erutations, nausea, perhaps vomiting and cholic pains. The other deep-seated organs are also disturbed, but in a less obvious manner.

The symptoms of general disorder thus produced, and which will perhaps soon result in some local, permanent, and more distinctly marked disease, may generally be at once arrested by the employment of heat applied to the surface. When the cold has not been so extreme as to freeze, or render perfectly torpid the parts exposed, so that a sudden transition will create disease in the chilled parts, the use of warm baths, of warm fomentations, frictions with warm cloths, the atmosphere of a warm room, or gradual exposure to the more intense heat of a fire, will, with surprising promptitude, interrupt the train of morbid phenomina, and restore the equilibrium of action. This result will be greatly accelerated by the employment of warm drinks. Those which are aromatic and gently stimulant, such as tea, coffee, or the infusions of sage, balm, mint, &c. &c. will be found far more salutary than the ardent, spirituous stimuli. In the employment of the latter, the effect is, at best, equivocal. The action of the heart and arteries is, indeed, increased, but unless the constricted vessels of the surface be made simultaneously to yield, the blood will not be equally diffused on the surface, but will be driven with violence upon the organs already disposed to become engorged. The action of alcohol, under

these circumstances, is known to produce a feverish excitement, which is nothing else than *unequal* excitement.

But the physician is not often called upon to counteract the injurious effects of cold, till disease has become more completely developed. In the winter season of frigid climates, the organs most obnoxious to the influence of cold are the lungs. The reason is, that no other organ of the human body is exposed to such vicissitudes of temperature. When we leave the atmosphere of a warm room, and expose the body to a temperature perhaps not much above zero, the surface of the body being protected by abundant and warm garments, does not immediately feel the impression. But by respiration the atmosphere is necessarily brought into immediate contact with the lining membrane of the lungs. Not only the mucous membrane, but the parenchyma of the lungs, feels the impression, and so also does the pleura pulmonalis, for we know that it is but at an insensible distance removed from the mucous surface. In the superficial cells their adherent surfaces are almost in contact with each other. Consequently the extreme vicissitudes of temperature to which the lungs are exposed, may produce catarrhal inflammations, pneumonia, or pleuritis. Each of these forms of disease, when produced by cold, is ushered in by a chill, attended with a recession of blood from the surface. The more severe and the longer continued the chill, the more intense and persistent is generally the disease. The cold stage, or that of oppression, often continues long after the disease is located. It becomes then of the utmost importance, that efficient means should be promptly employed for the purpose of diverting the circulation to the surface and equalizing excitement. Heat, it is true, when used under these circumstances, will increase the general action of the vascular system; but this evil is more than doubly counterbalanced by the promptitude with which it cuts short the forming stage. Heat, for this purpose, should be associated with moisture, for, thus applied, it stimulates less, and relaxes more. When we have once restored the warmth of the surface and the extremities, and established a reflux from the engorged organ,

we have it more completely in our power than before, to command the force of the general circulation. Indeed, before we have accomplished this, it is sometimes almost impossible to abstract blood with sufficient rapidity and in sufficient quantity, because of the sluggishness with which it circulates. This difficulty we have several times encountered in the treatment of these affections, and after making an unsuccessful attempt, have been compelled to delay till warmth was restored to the surface.

When, from the usual re-action of the heat and great vessels, the second stage of the disease has resulted—that of morbid excitement, heat as a remedy is of course not generally admissible. The rush of blood which then takes place to the surface results from the stimulation of the heart, the action of which becomes greatly increased. The effect is very different from that which is produced by the stimulation of the capillaries by heat applied to the surface, for in the latter case the heart is gently excited through the medium of the extreme vessels, and the blood is solicited toward the surface, not forced by a vis-a-tergo power alone.

When general febrile excitemen thas taken place, heat will, for the most part, only aggravate this morbid state. But still we shall often be able, in the progress of the disease, to put this agent in requisition. Often it will be observed that, while one portion of the surface of the body is preter-naturally hot, another, and most frequently that of the extremities, will be cold. While, then, we suffer a cool atmosphere to bathe one part of the surface, another may, for the important purpose of equalizing action, be cherished by warmth.

In the latter stages of the disease, when collapse has taken place, the heart and arteries having become exhausted by their ineffectual struggle, the surface again becomes cold and exanguious. Then again is heat necessary, not only for the purpose of equalizing excitement, but as a general stimulus to the system.

Sometimes the class of diseases of which we are speaking, in consequence of some epidemic tendency, assumes the typhoid character. Pneumonia typhodes is a disease which has ravaged almost every part of the northern section of our country. This disease is characterized by a remarkable retrocession of

the fluids from the surface, by long continued and repeated rigors, with coldness of the extremities and skin. There are few diseases in which the revulsive influence of heat is more beneficial than in this. During the years 1812, '13, '14, when it prevailed very generally in the northern section of our country, so pre-eminent was the vapour bath found to be as a remedy in this formidable disease, and so generally was its utility known and acknowledged, that, when physicians could not be promptly obtained, it was used in the domestic way, and often with such complete success as at once to overcome the disease.

Dr. Gallup, from whom we have the most complete account of this epidemic, speaks of external warmth as a remedy second to none in importance, in the treatment of the disease. "Bleedings" he says, "without a particular regard to *external warmth* and collateral circumstances, are often injurious."* Again.—"As the causes of the disease act upon the nerves, and show their morbid influence on the surface of the body, by coldness in the first stage, want of perspiration, &c. the natural indication is to restore warmth and activity to the surface as quickly as possible. I have succeeded in this oftentimes by the use of the warm bath. It is one of the most powerful agents we can employ, while, at the same time, it is safe and agreeable. Nothing is more common than for patients to express it, as a great luxury. If it does not immediately bring on sweating, it invites the circulation to the surface, relieves external chills, and internal pain, and prepares the system for the remedies which are soon to follow. Where the bath cannot be obtained for immersion, rolling the patient several thicknesses in blankets, dipped in warm water, serves as a substitute."†

Nor is warmth less important as a remedy in the treatment of spotted fever—(typhus petechialis—typhus syncopalis—cold plague.) This disease seems also to be the offspring of cold operating upon an epidemic predisposition. It prevailed in New England immediately previous to the disease of which we have been speaking. It also bore to it a very strong analogy. Like it, it was ushered in with chills and torpor. The deep organs

* Gallap on Epidemics, p. 75. † Idem, p. 300.

were greatly oppressed, and the blood seemed to desert the surface. In this disease no one remedy was so efficacious as the vapour bath. Its utility was so generally known, that no sooner did the disease announce itself, than the remedy was put in requisition, whatever might be the distinguishing traits of the individual case. When the remedy came to be generally known, it robbed the epidemic of half its terrors. All the usual modes of applying warmth to the surface were also used. A medical writer who has probably had better opportunities than any other individual to become familiar with its effects, speaks of it thus—"Perhaps no remedy is better agreed on among physicians as being generally useful in this disease, than sweating, or, in other words, the application of external heat. If it is not always useful, it is in some solitary cases, where there is an abundant heat from re-action having taken place in vigorous habits. At the onset of the disease, however, this remedy may be said to be always useful."—"External warmth is of vast importance in keeping up the centri-fugal action of the system. If the action is allowed to recede to the centre, by neglect of external warmth, after sweating has been used with advantage, the patient is apt to be exercised with sinking distress, and will be in danger, if heat be not immediately applied."*

In Typhous fever, warmth, if used, requires to be managed with the nicest discrimination. In this disease perhaps cold is a more frequent remedy than heat; yet the latter is undoubtedly of great value in the forming stage of simple typhus, and indispensable in the congestive typhus of Armstroug. This form of the disease is, indeed, nearly allied to, if not identical with spotted fever. Dr. Armstrong remarks, in regard to simple typhus, "the warm bath is a safe and efficacious remedy, and, with the means above mentioned, has considerable effect in equalizing the circulation." Again, in speaking of the stage of collapse he remarks—"This depression of the animal heat, however, occasionally comes on in the collapse of typhus, without any apparent cause; an instance of which I have witnessed in a medical gentleman, who I believe would have died

* Gallup on Epidemics, p. 251–2.

if external and internal warmth had not been promptly and perseveringly employed." On the treatment of congestive typhus he says—"when the pulse still remains oppressed, and the tide of the circulation does not return to the surface, and more especially if blood has been freely drawn, some wine with warm water should be occasionally exhibited, and the patient speedily immersed in a bath, strongly impregnated with salt, and at least about the temperature of 100°. He should remain in the bath till his skin becomes warm, and on being removed, it should be well rubbed all over with hot flannels; and he ought then to be laid in an aired bed with bottles of warm water at his feet. This plan together with tepid wine and water occasionally, will often promote a flow of blood towards the skin, and considerably relieve the viscera from congestion. Indeed, if the bath can be prepared sufficiently soon, it is far best to immerse the patient in it first, and either to bleed him while he remains in it, or immediately after he leaves it. In some very severe cases, I have found it impossible to get enough blood until a warm bath had been premised, so oppressed was the general circulation before its employment"

Dysentery is another disease which is much influenced by vicissitudes of temperature. Its predisposing cause is heat—its exciting cause is cold—suddenly suppressing the abundant cutaneous secretions, and repelling the fluids in a copious tide from the surface to the centre. Some of the older writers regarded it as a fever turned inward upon the intestines. When dysentery is excited by cold, no remedy is so efficacious in subverting it as heat associated with moisture. These agents reverse the series of actions produced by the morbific cause—they divert the fluids and nervous excitement to the surface. As soon as universal warmth is produced on the surface, together with perspiration, the symptoms are observed immediately to abate. The value of this remedy is well appreciated by Mosely in his valuable work on the diseases of warm climates. It is there dwelt upon with great emphasis, and ample proof is given of its beneficial effects.

[*To be continued in our next.*]

Adversaria.

ART. I.—*Twin-case of Partrition, in which the placenta was attached over the os uteri, and was delivered immediately after the first child, with safety to the mother and offspring, by G. C. M. Roberts, M. D.*

On the 30th of August, 1829, I was called to Mrs. M. the lady of one of our most worthy citizens. She being in an advanced stage of gestation, I found her considerably agitated on account of a discharge of blood, per vaginam, to which she had never before been subject under similar circumstances. On examination I distinctly discovered the edge of the placenta hanging in the os uteri, upon which rested the head of the child. Labour progressed readily, and about 8 o'clock she was delivered of a daughter, of rather larger size than is usual.

On then applying my hand to the abdomen of the patient, I found it considerably distended, which, for the moment, satisfied me that there was yet another child in utero. However, on examination, per vaginam, not being able to discover any thing except the placenta, I was led to suppose that perhaps the distension arose from the retention of water and blood, of which there had been but little evacuated. In a short time the placenta, which was unusually large, came away accompanied by a very profuse and continued hemorrhage, which very much prostrated the patient. I was not a little surprised to find attached to it another cord communicating with the uterus. Without hesitation I introduced my hand, seized the feet of the child, and brought it away. The hemorrhage ceased in a short time, and every thing went on well. The lady was highly fa-

voured during convalescence, and was soon enabled to attend to her domestic affairs. The children are at this time both living and in the enjoyment of health. The parent also, has better health than she has enjoyed for the last two or three years.

The above is a very unusual and interesting case, and should teach the practitioner to be ever on his guard, lest some unusual occurrence, if not adverted to, should jeopard the life of his patient or patients. Had the birth of the second child, in this instance, been suffered to linger, it must have inevitably been lost, for there was but one placenta, and this being expelled the fœtal circulation had, no doubt, ceased before the last child was born. Even had the operator delayed sufficiently long to suffer the descent of the head into the pelvis, the child would probably have been lost, because it would then have been impossible to turn, or in any way to accelerate the birth, unless by instruments, in the use of which there is always delay. The interference of the accoucheur was necessary, prompt and happy.—*Editor.*

ART. II.—*An account of three operations for tying the great Carotid Artery, with their results, by Professor R. W. Hall of the University of Maryland.*

PROFESSOR SMITH: *W. Lexington-st., Feb.* 10, 1830.

SIR—In accordance with your request, I send you an account of three operations for tying the great carotid artery, with their results.

CASE I.—On the 16th day of April, 1822, I was requested by my friend Corbin Amos, M. D. the Physician and Surgeon of the Baltimore Alms House, to visit with him *Samuel Planter*, a Ship Carpenter, aged 55; who had been admitted into that Institution, with a tumor of the left autrum maxillare. The tumor protruded from the part, of the size of an apple—and it was supposed that great danger from hemorrhage might ensue from an attempt to remove it. This tumor made its appearance in

September preceding. The teeth of the side affected had been extracted. The alveolar process; the bones of the face over the antrum, and the palatine arch on that side, were evidently softened. The orbit of the left eye was invaded and diminished, and the passage of the left nostril was quite obstructed. The face was distorted; and painful, more especially when pressed upon—the nose and upper lip were pushed over to the right side—fever at night—he has used ardent spirits freely, but not so as to cause intoxication—when the tumor was punctured with a lancet through the alveolar process, it did not bleed or suffer pain.

At the request of Dr. Amos, and with his assistance, I proceeded on the 23d April, to perform the operation of tying the great carotid of the left side, with a view as had been decided on previously, of cutting off the supply of blood from the tumor. A number of young professional gentlemen were present. A double ligature of silk was carried under the artery by the curved eye-handled probe; tied above and below, about three quarters of an inch apart, and the artery divided between them, and the wound dressed as usual. He felt no pain or confusion of the head after the operation. In the evening he had slight nervous twitches—was let blood; took an anodyne draught, and slept well—next day he was composed—deglutition in a slight degree painful—no pain of head or tinnitus aurium. On 25th, his feelings much improved—pressure of tumor excites no pain—appetite good. 27th—tumor evidently diminished, and not painful to touch—the ligatures came away on the 16th day after operation. In my case book, from which I now make an extract of the above operation, I also find, that "on 17th June Samuel's face has lost much of its distortion—the palatine bones are more firm and regular—the alveolar process much less in size—the sight of the left eye, which was almost destroyed by the tumor, is now entirely restored. He expresses himself much pleased with his present feelings, and with the results of the operation."—At intervals of two or three months he presented himself at my office, and allowed the pupils to examine

the face, &c.—A very slight enlargement of the part remained—since which time I have not seen him, neither have I heard any account of him. The above is the case referred to by my friend, and then colleague, Professor Pattison, page 484, (appendix) of his edition of Allan Burns' "Surgical Anatomy of the *head* and *neck*."

Case II.—March 7th, 1825.—Sarah ——, aged about 60, was admitted into the Baltimore Infirmary, with a large tumor of the left autrum maxillare, encroaching on the nostril and eye of the left side, and causing great distortion of face. The tumor had also pressed into the throat and mouth, to such a degree as to deprive her of the power of articulation. Deglutition was also very difficult, and a small quantity of fluid only could be received into the stomach at intervals. In consultation, it was decided, "that the application of the ligature on the great carotid of the same side, offered the only probability of relief in her case,—and that her extreme state of debility and emaciation, even rendered this expedient very doubtful in its result."

On the 10th March, I proceeded to perform the operation for tying the carotid, as described in the first case, in the presence of several of my colleagues, and of many professional gentlemen of the City, and Students of the University. The patient manifested a disposition to syncope before the ligature was applied, although the quantity of blood lost did not exceed one drachm. The perfect insulation of the artery before tying it was particularly ascertained at my request by Professor Baker and others. The wound was dressed in the usual manner. The exhaustion of the patient continued when laid in bed, and she died on the third day.

Case III.—Everist Whitaker, aged twenty-three, was admitted into the Baltimore Infirmary, February 12th, 1826.—About the 12th November preceding, a swelling of the right cheek appeared, after the extraction of one of the superior molar teeth. This tumor yielded to external applications and nearly disappeared. Three weeks after the appearance of the tumor, a similar swelling of the left cheek manifested itself, which in-

creased rapidly, causing extensive and fœted ulceration of the walls of the mouth, and penetrating into the antrum. In this state he was admitted into the Infirmary. It was decided in consultation, to adopt the alterative and tonic plan of treatment for the present, as doubts were entertained of the specific character of the disease by several who were present.

The ulceration advanced, and destroyed the skin covering the cheek. A tumor of considerable size also formed above and posterior to the ulcer, which, in consequence of its defined character and attachment to the cheek, was removed by the knife, and the vessels were secured. The progress of corrosion was soon obvious, and it was now admitted by all the gentlemen in consultation, that his disease was cancerous. It was decided that the great carotid of the left side should be tied, with the hope that, by cutting off the usual supply of blood, a change might be effected in the progress and character of this malady, which had resisted all external and internal remedial means. The operation was performed in the manner designated in the preceding cases, in the presence of several professional gentlemen. The patient suffered no pain or inconvenience from the operation, apart from the wound—continued to move about the house as usual, and took his usual quantum of food with zest.

The specific ulcerative process still continued—no perceptible improvement being apparent after the operation—and at the end of about six weeks, he fell a victim to the disease.

Very truly, yours, &c.

RICHD. WILMOT HALL.

Analytical Reviews.

SELECTED FROM THE MEDICO-CHIRURGICAL REVIEW.

ART. I.—*Observations on Local Diseases, termed Malignant. By Benjamin Travers, F. R. S. &c. &c. Part I.*

No one who observes with attentive eye the signs of the present times, professionally speaking, can fail to remark the increasing taste for morbid anatomy and pathology in this country. Time was, 'tis *not* sixty years since, when the growth and use of the articles in question were almost monopolized by France, and the English practitioner was lamentably deficient in the knowledge of disease afforded by the scalpel and the saw. We will not deny, indeed we cannot, that a portion of the old leaven still sticks to many, and the bigotted routinist is yet to be found, who professes to know little and care less about morbid anatomy and post-mortem examinations. With him the *interest* of a case is, in the Hudibrastic acceptation of the term, "just what it will bring," and when the breath is out, the patient is consigned for good and all to the undertaker and the earth-worm! We fear, however, that this sacred band is thinning daily, not so much, we allow, by desertion, as the ruthless scythe of Father Time, lopping sage after sage from its ranks. The great majority of the profession, are, however, of a temper somewhat different from the select few that oppose all reform in science as innovation, all innovation as mischievous error. But we possess amongst us those who are sinning on the other side, who advance too far instead of too little, and would seem to regard the stores of information gradually formed by the labours and the labourers of twenty centuries, as so much rub-

bish, to be *shot* as soon as possible, in order to make room for the showy structures of modern days. These rash men, these Caliph Omars in their way, who would burn the learning of antiquity because it is not in their Koran, are ten times more active, and therefore more dangerous than the drones.

We have no wish to figure as enthusiasts, nor to rate the discoveries of the moderns for more than they are worth, but still we have no hesitation in expressing our belief that the science of medicine is improving, in spite of both the parties to whom we have alluded. Neither can it be denied, in our opinion, that the main source, the *fons et origo*, of that improvement is to be found in the cultivation of morbid anatomy, in other words the structural alterations that constitute disease. Much has already been obtained, and much is yet to be got, by diligently following this track. It is on this account that we have always endeavoured to place before our readers the researches of pathologists more fully, perhaps, than any contemporary journal of medicine, and we trust that we have not been altogether unprofitable labourers. At the same time we have been cautious to point out the dangers and delusions that must necessarily ensue from trusting too implicitly even to morbid anatomy. There are things in heaven and earth that pass our philosophy most woefully, and the phenomena of disease are assuredly amongst them. He who imagines that post-mortem researches will make all clear at the bed side, will find himself egregiously deceived, despite of the confident and somewhat arrogant declamation of certain writers of the present day.

We were led to the foregoing remarks by the subject of the paper to which we shall direct the attention of our readers.—Observations "On the Local Diseases termed Malignant," is a title which promises but little in a curative or practical, but much in a pathological point of view. Mr. Travers is already so favourably known to the profession, as an author and a surgeon, that nothing from us could raise his reputation in either character. Whether the present paper will prove a worthy descendant of those that have previously sprang from the same

pen, the public at large must decide. The *fiat* is with them, and we now proceed to place before our brethren, very many of whom will never peruse the original memoir, the materials whereon to form their judgment.

Mr. Travers, in the genuine Horatian style, rushes at once *in medias res*, and begins by informing us that chronic local diseases may be divided into tractable and intractable. Mr. Travers allows that the division is too general—we think it is fundamentally bad. A chronic disease may be tractable at one time, intractable at another; or it may be intractable merely from situation; or peculiar circumstances, general or local—in short, the exceptions to such a division are so great as to eat it to the very kernel. Why not, we would ask, be contented with the old-fashioned terms of malignant and non-malignant? We all conceive that we understand them, and that is a point of some importance. Mr. T. observes that a disease may be intractable in its *nature;* first, from its depending on a poison absorbed, as the venereal; or on a bad state of system, as the scrofulous; or a cachexy made up of both. Secondly, "from its being a disease of a part which, when it has reached a certain stage, generates a poison and thus diffuses its species and destroys contiguous textures, so that after this stage is reached, however complete its apparent extirpation or destruction, it is liable to re-appear." Thirdly, from its being a disease of the constitution shewing itself primarily and exclusively in tumours, bearing a similar character, in various parts of the body, and proving within a short period destructive to life, in despite of the earliest interference.

Such are our author's definitions of diseases intractable in their nature, and if ever proof was wanting of the sandy foundation of nosology, these very definitions would afford it. The two latter classes are stated to embrace cancer, and they evidently do so. The first comprehends syphilis, scrofula, and their combinations; yet why these two diseases should enjoy such favour we cannot very clearly see. Surely the sore, or the node, or the eruption of syphilis is not *necessarily* intractable

in its nature, and if *accidentally*, the whole passage is palpably absurd, for a property cannot at the same time be accidental and inherent in the nature of a thing. We hate cavilling, but would recommend Mr. Travers to re-write the commencement of his paper.* To do him justice, he appears to feel the pressure of his incubus, for he quickly drops the term intractable (a bad one in every respect) and proceeds to the consideration of "the diseases termed malignant," i. e. incurable, and leading sooner or later to the patient's destruction.

It becomes a serious question whether a disease be malignant on its first appearance, or grows so in the course of time, having arisen under circumstances favourable to the attainment of malignity. If the former be the fact, it is, è principio, a disease of the constitution, whence alone the character of malignity can be derived. The following views are just, but they must be *studied* to be perfectly understood; *reading* them is not enough.

"It is conceivable that a simple local disease may become malignant by the influence of the constitution upon it, as a simple fever may become typhoid or putrid, but a strictly local affection cannot be malignant. When we speak of the decided malignity of a tumour, or ulcer, we mean to say, that it is such a disease of the system shewing itself in a part. When we say that it has a malignant aspect, or resembles a malignant tumour or ulcer, we mean that it is analagous to those in which the constitution, sooner or later, takes such an action. We cannot well conceive of malignity, as the exclusive or innate property of a part. A change of structure, whether of increase or loss of substance, which not only resists every remedy, but which, being extirpated or destroyed, is reproduced either in the vicinity or at a distance from the original site, is certainly not, in strictness, a local disease. But if from any local cause a sore refuses to heal, or falls into gangrene; if by the extension of the ulcerative process blood-vessels are opened and fatal hæmorrhage ensues; if by the profuseness of a secretion the patient dies exhausted; if by the incessant irritation of the nervous system, or the morbid actions set up in vital organs under a protracted symptomatic fever, life is extinguished; the disease does in no

*The fact is that it had better be omitted altogether, for assuredly it explains nothing, leads to nothing, has no natural connection either with the title or the body of the paper, and is only a clumsy kind of prologue after all.

respect imply a malignant nature, though often so considered, malignant diseases being subject to a similar termination. It is to incurableness from causes not local, and consequently the disposition to appear in more than one part at the same time, or to re-appear when the first affected part has been freely removed, that the term malignity is applicable.

"If a local disease were from its earliest germ impressed with a malignant character derived from a morbific matter in the constitution, it would be so much a constitutional disease, that the removal of it could never be urged on the ground of permanent benefit. To one species of malignant disease this character is applicable, as I shall explain hereafter.

"But although a local disease, strictly speaking, cannot be malignant, it is clear that a disease, altogether local in its commencement, may in its progress stir up an action of the constitution which imparts to it that character, or a malignant constitutional disease may only shew itself in a part.

"Again, constitutional malignancy may not shew itself in any part by a specific organic change, as is the case with some poisons and contagious fevers; whereas the disease of a part must derive its malignant property from the constitution." 199.

The inference drawn from the preceding observations, is this; that the scirrhous tumour may be, "and undoubtedly is," in the first instance, a local and single disease. The proof of the assertion will be found, according to our author, in the record of "a thousand instances of the early and complete removal of the disease, without threat of return during many years of the patient's after life." This may even be the case under otherwise favourable circumstances in the ulcerated stage. We laud Mr. Travers's premises, but dissent in a great degree from his conclusions respecting the non-malignity of the scirrhous tumour. It is a flattering tale that we are told, but sad experience compels us to attach light faith to the thousand successful operations for cancer upon record! If Mr. Travers can but prove the soundness of his views respecting cancer, he will assuredly confer a boon upon science and humanity, that must immortalize his name. But we dare not hope it. Mr. Travers writes that "to *incurableness from causes not local*, and consequently *the disposition to appear in more than one part at the same time*, or to *reappear when the first affected part has been freely removed*, that

the term *malignity is applicable.*" Surely the scirrhous tumour answers to these characters. However, our author considers the question more fully farther on, and we drop the discussion for the present. We shall meet again at Phillippi!

"We may consider carcinoma as a genus of the order 'malignant diseases.' Its species are 1st. the scirrhous, 2d. the medullary. Their respective modifications and varieties are to be referred to those of structure. The first has been also called the 'hard' or the 'stone' cancer—the second, the 'soft' cancer, 'fungus hæmatodes'—'encephalodes'—'melanodes'—'fungoid inflammation'—'medullary sarcoma,' &c. &c. according to its varying phenomena of colour and consistence. The inconvenience of a change, or a multiplicity of name, is far greater than the retention of one that might admit of improvement. Medullary is the most descriptive and comprehensive definition; I shall therefore retain it." 201.

Whether Mr. Travers does well in considering scirrhus and medullary sarcoma, or fungus hæmatodes, as species of the same genus, carcinoma, we shall not take upon us to determine.—Certainly all the forms of malignant degeneration evince a very marked disposition to run into one another, and scirrhus and fungus hæmatodes have been found to exist at the same time in different parts of the same individual. Notwithstanding this, however, we had rather not lump them together under the indefinite term of cancer, because they materially differ in structure, progress, and even malignity. In our opinion, nosological arrangements of local diseases throw opon a door for vagueness both of observation and description. If a man considers many affections as merely varieties of one, he is naturally apt to attach less importance to their discrimination, by which means pathology, and ultimately perhaps even practice, is the sufferer. Our author proceeds to treat at length of the *scirrhous cancer*, or in common parlance, scirrhus.

It originates in some or other description of secretory structure, as 1. the follicles of the mucous membrane; mouth, fauces, stomach, and intestinal canal: 2. of the reflected integument at the orifices of the uterus, vagina, anus, urethra: 3. of the skin, especially where they most abound; as the face, scrotum, pre-

puce: 4. the secreting glands termed conglomerate, as the lachrymal, salivary, mammary,—the liver, pancreas, testicle: 5. the lymphatic, absorbent or conglomate glands. Mr. T. is not aware that it originates in other textures, and proceeds to consider the cause of the exclusive liability of secretery structures to scirrhus. Passing over the theories with which he contends, and which, it must be owned, are unsatisfactory enough, we must mention the one advanced by himself.

"Glandular organs are the seat of scirrhus, because they are more abundantly than other parts supplied with vessels whose office is the separation and combination of new materials from the circulating fluid; and it is sufficiently probable, that when, having been habitually and actively employed, they cease to be so, these vessels make preternatural deposits, and expend their energies, wantonly as it were, upon new and useless structures. This seems to me to be the origin of the scirrhous tubercle. The dilatable tissues—those most subject to changes of capacity under great diversities in the quantity and impulse of the circulation, and necessarily furnished with a very abundant cellular tissue, common or proper—are peculiarly subject to originate scirrhus.

"But it must at the same time be admitted, that the disease often arises in those individuals, in whom the organs most frequently visited by the complaint have not been subjected to extreme variations of capacity, as in the virgin female." 204.

We fear that Mr. Travers's bullet has scarcely hit the mark much closer than its predecessors. The cessation of secretion is a condition of things which seldom obtains in any cases of scirrhus but that of the female, at the termination of the catamenia. How is cancer of the lip, &c. in men to all appearance healthy, explained by this theory? Mr. Travers having dwelt upon the *seat* of scirrhus, next considers the *time* of its occurrence. He remarks its rarity before the forty-fifth year, its prevalence in females at "the turn of life," and seems to hint obscurely at a coincidence between it and the osseo-cartilaginous deposits in the coats of the blood-vessels, deposits which, with other changes in the body, may be viewed as climacteric, and evince the decline of the circulating power. Such changes he imagines to be connected with a sluggish and feeble, per-

haps obstructed state of the capillary, vascular, and absorbent circulation.

"*Structure of Scirrhus.—External characters*—hardness with increase of weight; inelasticity or toughness in some cases, knotty or craggy induration in others. Circumscription, and mobility beneath the skin in its earliest stage, but not to such a degree in the subjacent bed as to allow of the fingers passing beneath the tumour, and turning it edge upwards. Next, i. e. in the second stage, close adhesion to the tegument, and such incorporation with the glandular organ in which it is seated, as to have no mobility but that of the gland itself upon the parts beneath. The adhesion of the skin, either stretches, or partially retracts and puckers it, according to the smooth or unequal surface of the tumour, and to the close or loose attachment, and particular conformation of the integument at the spot, as for example, next the nipple and at a distance from it; or beneath the mucous membrane of the pylorus or rectum, and the common integument of the body. Third stage: Contraction and diminution, by pressure, of volume in the gland as the tumour increases. Abrupt projection of one large coloured tubercle, sometimes of several smaller tubercles or nodules. Irreducibleness of volume and hardness by topics or medicine. Transient pains, which have been hitherto obscure and occasional, now more distinct and frequent, like the pricking of a sharp instrument, with a sense of heat or burning. Dusky or livid red colour of the skin, with resplendent tension. Excoriation or cracking of the skin at the summit or base of the tubercles, and fungous elevations, with ichorous and sanious oozing." 207.

Mr. Travers justly observes that no one or two of the foregoing symptoms are diagnostic of scirrhus, but that the assemblage of the whole must be admitted to describe it and nothing else, although they constitute only the external characters.—There is a tumour met with in the breasts of young women, resembling a shelled walnut in size and nodosity, of stony hardness, and irreducible by pressure, mercury, iodine, or blisters. It depends on enlargement and partial adhesion of the lactiferous tubes in a cluster, and must not be mistaken for scirrhus. Mr. T. has also met with a deep-seated, partially elastic swelling, with an uniform smooth surface, in consistence like cartilage, not painful, but gradually increasing and involving by adhesion the skin and the neighbouring parts. In this state it is a

solid, unyielding, immoveable mass, which shews no disposition to suppurate, and is quite irreducible. It occurs in all ages, and often destroys life by compression of the first passages, as the larynx, œsophagus, &c. Upon section, it resembles the ovarian tumour, or the "potatoe-tumour" of the uterus; the osteo-sarcomatous tumour of the ribs, ossa innominata, and other bones. It has a dense and uniform interior. Mr. Travers does not mention in what structure this tumour has its origin.

"*Internal characters of the Scirrhous Cancer.*—These, though presenting some variety, are more to be depended upon (than the external.) In the first stage, on section, a tough, inorganizable, and pretty compact mass, of a white and yellow-brown colour, smooth and moistened by a slightly unctuous fluid; its consistence is not uniform, being hard in the centre, so as to form a nucleus. The circumference is defined by the termination of red vessels forming a vascular boundary. Upon floating in water, and still more so by a certain maceration, the texture opens so as to bring into view concentric areolæ, having their interstices filled by a white granular matter, which may be picked out from the meshes. These areolæ are crossed by faint white lines, at irregular intervals, in the direction of radii from a centre, visible to the naked eye, and very conspicuous under a magnifier, giving the section some analagy to that of a lemon.

"In the second stage, when inflammatory action commences, and is announced by shoots of pain, the relative firmness of the centre and circumference of the tubercle becomes reversed, the centre being pulpy or broken, while the circumference retains its firmness. The surrounding parts are now found to have lost their natural elasticity by condensation of texture, and partake of the firmness and weight of the scirrhus, giving considerable apparent increase of volume to the tumour, which is now less defined at its margin, and, in fact of a compound character. The dense opaque white lines which, traversing the tumour in the direction of the radii, diminish in density as they proceed outward, and are lost in the extreme circumference of the gland, are not the production of disease, but the septa, which divide and support the lobules of which the gland is composed, in an opaque and thickened state. Within the wall of the tubercle, one or more cysts, containing a dark yellow or coffee-brown fluid, are sometimes met with, but are often not present.

"The above appearances are characteristic of the genuine scirrhus. The softened and broken down nucleus bears little analogy to the appearance of imperfect and caseous suppuration in the cen-

tre of diseased mesenteric glands, or other scrofulous swellings. The peculiar firmness of the exterior; the entire absence of inflamatory, effusions, membraneous lymph, and purulent matter; and the involvement of surrounding parts in the same compact and indurated state,—cellular membrane, skin, and even muscle, —are sufficient to distinguish it. The lymphatic glands in the vicinity are enlarged, but present a very inferior degree of hardness, and on section are found to have retained their natural colour and structure for a considerable time. The septa are conspicuous, as before described, and eventually, the centre and surrounding parts undergo the same change as was observed in the texture originally affected. By extension, no parts are excepted from contamination in the progress of a scirrhus; but neither the mammary, the lymphatic, nor other glands have any original substantive share in the disease,—it is a new and interstitial deposit." 210.

Our author brings forward the scirrhous turbercle of the liver, exemplifying not merely the insulated formation of the disease, but its stages and progress. But to proceed with the thread of the description, the ulcerative process at length opens the tumour where the cracked and livid integument, previously exuding a sanious ichor, is most prominent, and partiol sloughing of the integument sometimes assists in enlarging the external opening.

"Suppuration now takes place in the surrounding cellular membrane, and as granulations spring up luxuriantly from the sides, the centre of the tumour gapes and becomes a cavity more or less considerable. The granulations have a spongy or fungoid character, and are so elevated and broadly everted as to give the appearance of additional depth and breadth to the sore. As the sloughing process enlarges and deepens the centre, the disease becomes exceedingly offensive, and although granulations continue sprouting circumferentially at the same time, they have not the power of maintaining their vitality. It is in vain that we attempt to preserve the ulcer from foulness and feter by detergent applications; we can render it clean, but in a day or two the newly cleansed surface ulcerates afresh, instead of advancing towards cicatrization." 212.

(*To be continued in our next.*)

ART. II.—*A treatise on the Scrofulous Disease, by C. G. Hufeland, Physician to the King of Prussia, &c. translated from the French of M. Bousquet, by Charles D. Meigs, M. D. member of the Am. Phil. Soc.* Phila. 1829.

[CONCLUDED FROM PAGE 35, No. I.]

The treatment of Scrofula rests on the following indications: 1st, to obviate the various causes; 2d, to keep the bowels free, and neutralize acidities; 3d, to elevate the tone of the constitution, and especially that of the lymphatic system. "This" says H. "is the fundamental basis of the treatment;" 4th, to allay the irritation; 5th, to avail ourselves of the aid of aliments rich in nutritive principles, also pure air, light, and sunshine; 6th, to correct the direct effects of the scrofulous taint, such as engorgements of the glands, &c.

CHAP. I. *Dietetic treatment.*—Whatever view we may take of the pathology of this disease, nothing surely can be more important than, by the selection of nutritive and easily digested articles, to have a care that the process of digestion be properly begun, and that the system be furnished with its nutritive principles with as slight an effort on its part as possible. The aliments, according to H. should consist of vegetables and meats combined—roots cooked by boiling, stale wheat bread, rice &c.; broths made of herbs and lean meat, (doubtful.) The mere paragraph which our author furnishes on diet seems to be the most defective part of his work. For much more complete and correct precepts, in relation to this topic, we would refer the medical pupil to the writings of Paris and Johnson. For ourselves, we place the utmost confidence in a careful attention to select aliments, in the treatment of this disease, and have satisfied ourselves by careful observation of the relative salutariness of many articles. We prefer solid meats to broths—beef and mutton standing first: wild meats we do not altogether reject—especially birds. Broiling and roasting are the best cookery, and "it were well they were done quickly." Stale bread, a staple article. Rice equivocal, unless qualified with something aromatic, as it is often

observed not sufficiently to excite the stomach. Potatoes not always salutary, but generally admissible. Turnips, salsafa, carrots, tomatose, are proper. Soft ripe fruits generally salutary. We cannot altogether concur with our author in regard to drinks. The yolks of eggs beat up in water with a little sugar must be a very cloying article, and, if used at frequent intervals, must interfere with the process of digestion. Beer, too, will do better for the latitude of Germany, than for ours. We recommend plain water, or if this relax the stomach too much, the common carbonated water of the shops will be found to be a most salutary beverage—but there are idiosyncracies which must always be enquired into, before prescribing a diet. We should never neglect to avail ourselves of the experience of our patient, or the parent, in regard to particular aliments.

Nothing can be more important than to rescue the patient from the foul and confined air of filthy, small rooms. Nothing can more effectually resist all medication than an atmosphere of animal exhalations—especially when fermentation is hastened by the close heat, perhaps of a stove, which also relaxes and weakens the system.

The absolute necessity of bodily exercise in the treatment of scrofula, may be inferred from that which already has been stated in regard to its absence being a frequent cause of the disease. Observe how a limb withers when it ceases for a time to be exercised! Can we expect any thing like healthy nutrition to take place, then, when the whole body is languishing with inaction? When active exercise is inadmissible, and indeed when it is employed, frequent frictions of the skin are important. Warm bathing should also constitute an important part of the plan; it cleanses the surface; it equalizes excitement; it obviates irritation; it prevents metastases, and furnishes a vehicle for the introduction of medicines into the system.

Pharmaceutical Treatment.—Our author judiciously remarks, that the disease being one of an extremely protracted form, the physician must not expect to subdue it by powerful and transient remedies. His plan of treatment must be chronic—he

must operate on the system with agents which assail the disease as the causes produced it—with a gentle and persevering effort. Spring is the most favorable season at which to commence the treatment of it: for then the vital powers receive a new impulse, and then changes can be wrought in the system more effectually. We must never be led away by the idea that there exists any one specific remedy, but rely upon a general alterative and invigorating plan.

The first remediate agents of which he speaks are emetics. They are valuable for the purpose of cleansing the first passages, to excite the absorbents, and to overcome obstructions. H. usually commences the treatment with a gentle emetic of tart. antim. and Ipecacuanha. Purgatives and digestives are not second in importance. They are useful, he says, to evacuate the bowels and to stimulate the absorbents; and in order that they may thus act, they should be chosen from the drastic, stimulating class, and especially when, as is often the case, there is any degree of torpidity. He very highly recommends jalap, (so much valued by Hoffman,) in four or six grain doses, combined with magnesia. Nothing is more effectual in removing mucous accumulations. We have been in the habit of employing, in similar cases, compound powders of rhubarb and calomel, quickened with gamboge or colocynth, if the bowels are torpid.

"The employment of purgatives in these cases" says our author, "is more important than is generally supposed. For my own part, I have no doubt the art has lost much of its power over the chronic affections of the abdomen, by a too general condemnation of the use of resinous substances; and it is by no means uncommon to see the most absolute empyrics succeed in cases where dogmatic physicians fail every day." This remark deserves to be impressed on the memory of every physician. Aloes is a valuable article, particularly in the second stage. He speaks highly also of Darel's tincture of rhubarb as a valuable laxative and tonic. We object, however, to the chronic use of any tincture—it wastes the vital powers of the

system, without rendering any permanent influence. H. speaks highly of antimonials. They irritate, in a peculiar manner, the stomach and bowels, and they excite the glands and lymphatics —remove obstructions—restore secretions—dispel engorgements. They act particularly on the skin when it is dry and lifeless—not to be too long continued, however, as they weaken the general tone of the system—especially beneficial in the first stage when there exist febrile symptoms, and a dry skin. The author highly recommends crude antimony, (sulphuret) it does not debilitate the system, or irritate the stomach, or produce copious sweating. It is especially beneficial in cases of scrofulous eruptions.

Mercury is pronounced by our author to be an article of indispensible importance. "It is, in fact" he says, "one of the most efficacious and oldest of the remedies employed in the treatment of the disease. It excites a specific irritation in the lymphatic system, thus subverting the peculiar excitement of the disease; it increases the actions of the glands, and corrects the acrimony of the lymph."

Mercury may be given in all the forms of the disease, but is more especially beneficial in cases of cutaneous eruptions, engorgements, lymphatic infiltrations, chronic inflammations, &c. to be used with great circumspection in cases which manifest any disposition to phthisis, scurvy, and hemorrhages. It is improper in the last stages of the disease. *It must never produce salivation.* When the system is languid, tonics may be associated with it, or mercury may be suspended for a time, and roborants used in the interval. When it creates too much irritability it may be necessary to associate it with narcotics.

As to the form in which the article is to be employed, our author speaks highly of Plenck's pill—also, of calomel. But he states that when the disease is obstinate, and has its seat in organs remote from the centre of the circulation, we must recur to the bi-chloride. We incline to think that our author does not sufficiently dwell upon the cathartic effects of the mercurial preparations. We think that we have seen the happiest

effects from the employment of mercury, (calomel) so associated as to insure its cathartic operation. When thus given, every second or third day, at the same time that it removes intestinal and biliary obstructions, it sufficiently influences the absorbent system, without creating salivation. In the intervals of its exhibition, the stomach resumes its healthy functions, and the system becomes tranquil.

Our author also speaks highly of the efficacy of the muriate of barytes, observing that it acts by a peculiar irritation on the alimentary canal, glands, &c.—it removes mucous suburra—dissipates spasm of the capillary vessels—is especially beneficial in diseased states of the skin, and in cases of scrofula accompanied with much irritability—especially cases complicated with symptoms of phthisis. In exhibiting the article it is to be dissolved in the proportion of half a drachm in an ounce of distilled water, and from ten to fifteen drops given. In a diseased state of the skin it should be combined with emetic wine. Muriate of lime is of similar efficacy. Our author speaks emphatically of bark and other astringent tonics. "I am convinced" he says, "that the persevering employment of this remedy, seconded by a good regimen, is one of the most efficacious means which we possess of opposing the disease,"—it resolves atonic engorgements—when inflammation is the consequence of weakness, it is a valuable antiphlogistic; but it is to be employed with nice discrimination, or it will often be found injurious in sthenic cases and irritable habits. It will often be more admissible in certain cases when combined with deobstruents. The bowels should be kept free during its use.

The author speaks in favorable terms of acorn coffee as a tonic, deobstruent and stomachic. Iron is an article of primary importance. It is more astringent than bark, also more stimulating—it combines with our very substance, entering into the blood. But it requires the same cautions as does the bark—it must not be employed when there is the slightest tendency to sthenic inflammation—or to phthisis—or in cases of internal suppuration; "but is the patient of a light complexion? Has he a

lax fibre? Does his constitution announce weakness? Is he disposed to the serous diathesis? The preparations of iron, work miracles in such cases"—so also, when the antiphlogistic and narcotic deobstruents produce no effects. *In rickets, iron is sovereign.* Such subjects bear it well in substance. H. often prescribes the following—iron, recently pulverised, rhubarb, canella, of each, one grain; carborate of magnesia, two grains; white sugar one scruple: mix and reduce them to a very fine powder for one dose, to be repeated morning and evening. Most generally, indeed, the author regards iron in substance as the preferable form; but as a deobstruent he speaks highly of the ammoniacal martial flowers;—iron and sulphuret of antimony, he also recommends. "The external use of iron, and especially of ferruginous baths, is still more efficacious than its internal administration."

Our author also speaks highly of aromatic and stimulating tonics. They combine an astringent principle and a volatile oil to which they owe their efficacy—they sustain the powers of the system and give an impulse to the capillary circulation. They are especially salutary in their influence on the digestive organ, and thus strike at the root of the disease by insuring a good digestion—they rouse the system from its state of torpor. Of this class of articles H. recommends sassafras in high terms. In administering it he infuses it in water and gives it cold, prepared as follows—"sassafras wood, four ounces; roots of liquorice and madder, each half an ounce. Take an ounce of each of these substances, cut into small pieces, and infuse them in a pint of hot water. The patient should drink one half in the morning, and the other in the evening. This infusion is not at all disagreeable, and children readily take it in milk, with the addition of a little sugar."

M. H. dwells at some length on the importance of narcotics in the treatment of scrofula. Most physicians regard them as of but little value for this purpose, but our author asserts, "for my own part I am well convinced there are cases in which they are absolutely indispensible, although I am free to confess that the use of them is somewhat abused." He regards them as emi-

nently useful when there prevails too much irritation—they obviate spasm and tranquilize the system. H. informs us, that it is by removing spasm that cicuta, belladonna, &c. resolve engorgements. For this purpose he applies them locally. They are very useful to qualify the effects of other remedies, when there exists extreme excitability. Cicuta is an article which he especially indicates for these purposes. Opium is more objectionable, because it injuriously influences the stomach and bowels, induces torpor of the secreting organs, and hence impurity of the fluids and general weakness. There are cases of extreme irritation, however, in which it is to be employed. Hyosciamus is less objectionable than opium. "The bitter-sweet" he says, "is a precious remedy, answering the indications of a narcotic, and resolving engorgements, without disordering digestion." He speaks also of digitalis as a narcotic which especially influences the lymphatic system.

M. Hufeland gives us a long paragraph on the efficacy of the burnt sponge, in the treatment of scrofula. It is certainly a fact strongly in favor of the efficacy of iodine, that scientific physicians should have so much confided in an article which, till recently, was used altogether empyrically, and for the efficacy of which it was impossible for them to account. H. appears to place great confidence in it. He says, that it is chiefly useful in glandular swellings, and especially in the affection named goitre, in catarrhal affections where the functions of the kidneys are languid, and in dropsies dependent on a scrofulous taint. For this article, however, the practitioner of the present day will substitute the preparations of iodine, the efficacy of which in many forms of scrofulous disease, is now generally admitted.

The alkalies, antacids and obsorbents are also put in requisition. They are said to obviate the mucosities of the primæ viæ, to excite the lymphatics and to neutralize the acids of the stomach. Their combination with tonics will be found particularly useful. Hufeland has made great use of lime-water with marked advantage, especially in cases complicated with caries of the bones, glandular indurations, and pulmonary tubercles.—

Guiacum is a remedy by no means to be overlooked; "it promotes" says H. "almost all the secretions, stool, urine, perspiration, &c." but, for many cases, it excites the sanguiferous system too much. In cases of languor and torpor it is eminently beneficial. He gives it in powder, in the quantity of from five to ten grains.

The author next calls our attention to the juices of certain tonic and deobstruent plants. The juices of the fresh plants are pronounced to be far more efficacious than the extracts which have been long kept, or the dried plants. The efficacy of these articles is proved "by the prompt resolution of the swelled mesentric glands of animals which are put to the pasture in the spring." "The juices of brooklime, lettuce, chervil, sowthistle, borrage and many other vegetables, are the incisives and depuratives *par excellence*." They are stated to be especially efficacious in the spring of the year, probably because the system is in a state more promptly to respond to their influence, and because they are then more active. M. H. states that he has often seen glandular swellings, cutaneous ruptions, and scrofulous ulcers disappear under the influence of these means. Of the bitter extracts and inspissated juices of plants he also speaks highly.

Mineral waters and sea-water are certainly spoken of too lightly. Those saline mineral waters which are aperient, and by their fixed air tonic and exhilirating, are certainly admirably calculated to restore the healthy exercise of the digestive functions. The water of Saratoga is of this character, and experience has shown it to be eminently salutary in this class of diseases, except in such cases as are complicated with pulmonary irritation and inflammation—Sea-bathing is certainly not of secondary importance. Sea-water is now ascertained to possess a small quantity of iodine. This is undoubtedly in part absorbed, while at the same time the functions of the skin are restored by the influence of the stimulating, saline ingredients. We have often recommended sea-bathing and confide much in its efficacy. Our author speaks highly of other baths as being useful to promote a soluble state of the digestive organs. By means of them,

also, many articles of medicine may be conveyed into the system which would offend or disturb the stomach, and when thus introduced they act more directly and generally on the lymphatics. They are especially useful when the skin becomes affected with the scrofulous disease; they also equalize excitement and obviate irritation. He recommends baths of malt—saponaceous baths—baths of cicuta, and for tonic purposes—of cinchona, willow, calamus, &c. &c. Ferruginous (natural or artificial) baths, also, and baths of sulphur and lime. Simple cold baths are useful by the re-action and excitement which they produce, and by the impulse which they give to the nervous and vascular systems—when charged with common salt they are more efficacious.

M. H. speaks of the necessity of occasionally employing injections instead of frequent cathartics, and especially when the latter seem much to disturb the process of digestion. Sometimes even gentle cathartics throw the stomach into such a state of irritation that its healthy tone is not recovered for several days. Sometimes, also, the remora of fæculent matters is in the larger intestines alone. Then surely, although alterative cathartics must be occasionally employed, frequent injections will be of great advantage. M. H. asserts that issues are useful adjuvants for the purpose of diverting the scrofulous irritation from important organs, as in ophthalmies, affections of the lungs, brain, &c. They are also useful to dissipate local congestions, obstructions, swellings of the joints and of the bones. The moxa, large blisters, and the mezercon form the most efficient issues.

Topical remedies and local treatment of symptoms. In mild cases the constitutional treatment is all that is necessary; but sometimes, in severe cases, the topical symptoms remain after the diathesis is removed. We ought, therefore, in such, to combine general and topical means. We should always seek to promote the resolution of enlarged glands, and should therefore avoid all irritating fomentations, and use only discutient means. The best resolvents in such cases will be found to be

those which gently excite the part and restore tone;—they are cinchona, mercury, cold water, cicuta, and the roborants. H. also speaks highly of the volatile liniment, oil of petroleum, camphor, opium, gum ammoniac, galbanum, beef's gall, squill, and the various stimulating plasters—especially the mercurial. Saline substances will also occasionally be found useful, and among them are named muriate of ammonia, muriate of soda, potash, muriate of baryta. The local application now most generally used, and with marked success, is some preparation of iodine. That which we employ in such cases, is the unguent directed by Mr. Manson. It is formed of one drachm of the hydriodate of potash and an ounce of lard. With this the part is to be anointed two or three times daily. It irritates the skin less than the ointment prepared of the iodine itself.

In the treatment of the goitre H. recommends the burnt sponge, purging once a week with calomel, frictions to the part with camphorated volatile liniment. If the burnt sponge and these adjuvants fail, he recommends the use of muriate of baryta. In no form of the disease will iodine be found more efficacious, generally and locally employed.

In concluding the careful analysis which we have endeavoured to make of this valuable work, we would take the liberty to remark, that the weak part of our author's therapeutic plan seems to be an overweening confidence in a multitude of remedies, some of which certainly do not merit the confidence which he reposes in them. The use of a host of remedies of uncertain efficacy, renders practice diffuse and feeble. "It is," as said Captain Shandy, "like firing sparrow-shot against a bastion." We are persuaded that the most successful practitioners are those who confide in a few heroic remedies—who are familiar with the weapons which they wield. An ingenious practitioner will accomplish a great many indications with a few articles, as the artist produces every variety of tint from the three primary colours.

Abstract of Foreign Medicine.

PRACTICE OF PHYSICK.

On Spasm or Cramp of the Stomach, by Dr. Macfarlane.—We are fully convinced that some of the sudden and unexplained deaths which we so often hear of, are occasioned by the complaint at the head of this paper, though overlooked by the great majority of systematic writers. If we can judge by the painful evidence of our own senses or the descriptions which patients sometimes draw of their own feelings, this cramp of the stomach is one of the most dreadful species of suffering, while it lasts, to which humanity is exposed. Fortunately it is of short duration, when violent in degree. Life indeed is incompatible with any long duration of the spasm. But in these cases, the complaint is by no means confined to the stomach. We are convinced that the principal seat of the spasm is the *diaphragm*, and that this location, or, at all events, participation in the complaint, occasions the dreadful difficulty, or rather the dread of breathing, which characterises the higher grades of gastric cramp. The complaint is quite a different thing from gastrodynia, or dyspepsia—though dyspeptic symptoms are often the forerunners or accompaniments of the spasms. Dr. Macfarlane has published an interesting paper on this subject in our Glasgow contemporary, for May, 1829, of which we shall take some notice here. The following is the Doctor's concise description of the attack.

"When spasm affects the stomach, the morbid excitement is communicated through the medium of the nerves to the muscular tissue, inducing the most acute pain, with a feeling of rigid contraction, violent twisting or tearing the epigastrium, soon followed by painful and interrupted breathing, difficult articulation, pallid countenance, small, hurried, and contracted pulse, and occasionally with coldness of the extremities, and rigid contraction of the recti abdominis and gastrocnemii muscles. Such symptoms will, in general, present themselves during a well-marked paroxysm of this disease."

The complaint, in dyspeptic subjects, is generally called forth by eating cold or indigestible substances, and often goes off without attaining much violence. But gastro-diaphragmatic spasm not seldom occurs where there has been no previous stomach-complaint; and where the general health has been merely deranged by confinement, sedentary employment, or the depressing passions, or great fatigue. We shall glance at some of the cases which Dr. M. has adduced as examples of this painful malady.

When the existence of spasm is once ascertained, the stimulants should not be sparingly administered. It is astonishing with what facility a spasmed stomach will bear diffusible stimuli and strong narcotics. The quantities then taken, with impunity, would, in health, set up inflammation in that organ, and stupify the brain and nervous system. [*Johnson's Journal.*

Efficacy of Iodine in Ovarian Dropsy reported before the Westminster Medical Society, by Dr. Thompson.—Dr. T. considered it, though a solitary one, to be a case of great interest. A woman applied at the dispensary, two or three months since, with diseased ovary; and, on examination, a great accumula-

tion of fluid was found to have taken place. For the removal of this, he proposed the customary tapping; but as he knew from experience, that when performed, it seldom did more than relieve the system from the pressure of the fluid, he resolved to follow up that operation, by administering iodine to its full extent, in the hope of affecting a permanent cure. The tapping removed seven quarts of albuminous serum, mixed with pus. Two or three days after, when the constitutional disturbance had become allayed, he commenced with the iodine, which he carried to the extent of thirty-six drops to a dose, administered three times a-day. The result was, that the tumour wholly disappeared, there was no symptom of its return, health was restored, and the woman was discharged perfectly cured. The dropsy was of two or three years standing. This can be considered worth attentive consideration. In resorting to the iodine, he had reasoned thus. He knew of no stimulant the influence of which was so perfectly general; he had detected it in the urine of patients to whom it had been given; its great influence appeared to be exerted on the glands; and as the iodine attacked all the glands indiscriminately, he had presumed that it was carried into the circulation, and would have an especial effect on the ovarian gland; there appeared to him, indeed, to be something specific in the action of the iodine; and he hoped to diminish the vitality of the gland, that by tapping and diminishing the vital power of this new growth, he should be enabled to exert a greater influence over it.

A member inquired whether the iodine affected healthy as well as diseased glands.

The President said that, in the present case, it appeared to have no effect on the viscera, or any of the other glands. In cases in which the iodine had been given very freely, he had known the healthy testicles become nearly absorbed. With regard to the quantity of iodine which it was proper to exhibit at one time, the dose ought to be increased gradually. The stomach, which would otherwise reject it, would, by a gradual exhibition, admit of the iodine being increased to fifty minims three times a-day.

Dr. Webster stated, that he had a similar case in which he should make trial of the iodine, if Dr. Thompson would see the patient with him. She had been tapped five times; the last two days since.

A paper on hysteria, from Dr. Stewart, was announced for the next meeting. [*Lancet.*

MATEIRIA MEDICA.

Tartrite of Antimony externally applied, by Dr. Fontaneilles.—In a paper published in a recent number of our Parisian cotemporary, the Revue Medicale, Dr. Fontaneilles assures us that, for a great many years past, he has employed a solution of tartrite of antimony, in the proportion of one drachm to the pint of warm water, to local inflammations of the skin and subjacent tissues, with very great success. He generally, however, exhibits antimony internally, at the same time, though not in the large doses recommended by Rassori, Tommassini, and others. For instance, he dissolves about three grains of the tartrite in a quart of lemonade or barley water, and gives this to the patient for common drink. It usually produces some nausea, or vomiting, with discharges from the bowels. In erysipelas, he applies the tepid solution, and repeats the application whenever the cloths get dry. In phlegmonous inflammation—in every kind of phlogosis, in short, except carbuncle, he employs the solution, with great advantage. The existence of wounds is no bar to the antimonial, and he takes no pains to prevent it getting into them. When the phlogosis is very intense, Dr. F. does not neglect local or even general depletion as auxiliary to the above plan. He applies this solution to the inflamed breasts of females, and avers that it rapidly dissipates the engorgements of those glands.

But it is not entirely to acute affections of the surface, that he confines the antimonial solution. He uses it as a bath, local or general, in cases of pruritus, dartres, and lumbago. In consequence of the homeopathic doctrine of Haneman, our author was induced to try the effects of a twelfth to a twentieth part of a grain every half-hour or every hour, in some diseases; and though he does not consider this plan so efficacious as that of Rassori, especially in acute affections of the head and chest, yet he derived from it very evident advantages in diseases of the abdomen—particularly in fevers, and in what the followers of Broussais denominate gastro-enterites. We think the hint is worth acting upon, in cases of local inflammation, more especially in erysipelas.

Nitrate of Silver.—The following observations on this powerful medicine, were contained in a letter from Mr. Ceely, an intelligent surgeon in the country:

"In two cases of very painful digestion, I used the nitrate for two months, and arrived at four-grain doses. One of the patients lived on gruel two months, and subsequently small portions of fat bacon for three more; and her perseverance has gained for her that health and comfort which she had not enjoyed for five years before. In numerous other cases I have derived infinite advantage from this sedative, conjoined with the plan of diet you have so ably advocated. I have never uninterruptedly continued the use of the nitrate beyond two months; nor have I ever seen any of its ill effects on the skin. I have found this article of great use, made into a pill with extract of poppy or hemlock, or any thing similar, and introduced up the rectum in the quantity of from one to three grains, twice or thrice a day, in that simple tenesmus supervening on active or protracted diarrhœa. Its effects are more decisive and more permanent than the direct sedatives usually employed.

"I have not long since had a successful case of delirium tremens in a female, in which 485 grains of extract of opium was taken in six days; and still more recently, in a more complicated and intermittent case of the disease, 13 grains of the acetate of morphium were taken in six hours, before sleep was procured." [*Johnson's Journal.*

SURGERY.

Inflammation of Cellular Coat of the Vena Saphena Major.—John Anderson, æt. 11, admitted January 24, 1829, under Mr. Travers. He has an irritable sore, in chief superficial, at the base of the fifth toe, on the dorsal surface. This has existed for a fortnight, being produced by wearing a tight shoe, and has been much aggravated by daily exercise. About the middle of metatarsus, an inflamed line, an inch broad, commences, and extends upwards to the groin, along the course of the saphena major. The redness is shining, transparent, and indicates the inflammation to be of a passive kind; it is more conspicuous, for a short space, in the middle of the leg; it then becomes less so for a few inches above and below the knee, but is very distinct in the thigh. The lower tier of inguinal glands slightly enlarged and tender. The inflamed line is hardened, and has a knotted feel. The boy's aspect is unhealthy, and evinces debility, otherwise his constitution is surprisingly little disturbed. He describes the pain as severe, but we do not think this arises entirely from the action going on in the inflamed parts. He has experienced no chills, and has slept well at night. He was placed immediately in bed, with the limb supported on pillows. Twenty leeches to be applied along the part, and a dose of jalap and calomel.

25th. Has passed a tranquil night—redness and tenderness in the course of the vein considerably diminished. Bowels open. Rep. hirudines.

27th. The redness remains only over the tibia—the parts are not softer, but in the groin and throughout the entire line, formerly so well marked, the tenderness is sensibly lessened. The lobulated or knotted feel to the fingers is not so perceptible.

Jan. 31st. Inflammation has progressively subsided—there is some tenderness still, and likewise induration in the course of the vein and at the groin.

Feb. 7th. Convalescent—hardness not removed.

11th. Presented; the affected part being a little harder than natural.

In Mr. Travers' opinion, the *external* coat of the vein was alone implicated, though, for obvious reasons, such could not be very distinct. In this case, there was no œdema similar to that occurring in phlegmatia dolens

[*Reports of St. Thomas's Hospital.*

Tracheotomy in Laryngitis.—Mr. Liston commenced by making a perpendicular cut of about an inch and a half in length through the integuments over the trachea, commencing below the cricoid cartilage; he then slit up two or three rings of the trachea, and introduced a curved tracheal tube of rather large caliber, which was fixed in its situation by means of tape passed through the rings at the external end of the instrument, and tied round the patient's neck. Instantaneous relief was obtained by the operation; for, after two or three convulsive expirations, (caused by some drops of blood entering the trachea from the wound,) she breathed with perfect ease. She got an anodyne at bed-hour, which was repeated for three successive nights. A very large quantity of mucous was expectorated for the first three days after the operation. The ulcers of the uvula and fauces have healed by the application of nitrate of silver; but with an almost complete destruction of the former appendage. During the process of cure a thick piece of bone came away, which some of the surgeons think to be an ossified portion of the thyroid cartilage. A smaller tube has lately been substituted for the one first introduced; the voice is much restored, and it is hoped that the artificial opening may soon be dispensed with, and the breathing established through the natural passages.

Remarks.—This case well exemplifies the utility of tracheotomy, when not long deferred, in cases of threatened suffocation from inflammation of the larnyx. No irritation, no cough, no sense of choaking, was, in this case, produced by the canula. [*Johnson's Journal.*

Lithotomy after the Operation for Fistula Ani—Consequences of the Operation.—James Hardie, æt. 37, admitted March 11th, 1829, with frequent desire to make water, which was passed with much pain along the course of the urethra and neck of the bladder, especially when the last drops were voided—urine sometimes bloody, especially after exercise or the introduction of instruments into the bladder, but without any mucous or sandy deposit. A full-sized sound passed readily into the bladder, where it struck on a hard smooth substance, which was always found lying towards the right side, and could not be felt by the finger passed into the rectum; the prostrate gland was natural. Extending from the anus forwards, and towards the left side, occupying part of the incision made in the lateral operation of lithotomy, was the cicatrix of an operation for fistula in ano, performed some years previously. The symptoms of stone commenced about sixteen years before his admission, but had never been urgent, till within the preceding fortnight, when they followed, as he imagined, the use of carbonate of soda internally.

"A few days after admission, the lateral operation was performed by running a straight probe-pointed bistoury along a curved staff, grooved on its convex side. A little more than the usual time was spent in cutting into the urethra, in consequence of the hardness of the cicatrix just mentioned, but, the stone being extracted on the first introduction of the forceps, the whole operation was finished within six minutes. The calculus weighed about an ounce and a half, and was composed of the phospates of ammonia and magnesia. During the first few days no bad symptoms occurred. About the fifth day the wound began to look foul, and on the eighth day some flatus and a little feculent matter was observed to escape from it. On examination with the finger it was found that the old cicatrix had ulcerated, producing a small aperture be-

twixt the wound and the rectum, immediately above the spincter. A bistoury was passed through the opening, and carried downward, so as to divide the shincter. An elastic catheter was kept constantly in the urethra, and stimulant dressings were applied to the wound. Healthy granulations soon made their appearance, and at the end of seven weeks, the cicatrization was complete, but a small opening into the urethra still remained, through which the greater part of the urine was discharged. On his return to the hospital, as directed, at the end of three months after the operation, the opening in the urethra had contracted so much, that no urine escaped by it, if he kept his thighs together during micturition, and even when he did not observe this precaution, the escape was trifling. It was proposed to apply the actual cautery for the purpose of closing the fistulous opening, but the inconvenience he suffered was so trifling that he declined to submit." [*Glasgow Infirmary Reports.*

Reports of the Hotel Dieu, *from Johnson's Journal.—Successful extirpation of the Uterus, by Professor Recamier.*—We are happy to record another successful issue to this most formidable operation—and that in a public institution, where no colouring can be given to the facts—no veil of concealment thrown over the ultimate event.

Case. Agathy Pelagie, aged 50 years, was received into the Hotel Dieu, on the 24th July, 1829, under M. Recamier. She had begun to menstruate at the age of 12 years, and did not cease to do so till she had attained her fiftieth year. Examined on the day of her entrance into the Hospital, the following was the report. 1mo. Slight pains were felt in the pelvis, and also in the loins—a sense of lassitude sufficiently distressing to prevent the perpendicular posture being long maintained. 2ndo. A discharge of sanious fluid, extremely fetid and sanguinolent, of about eight months' duration. 3tio. An examination shewed the loss of one of the lips of the os tincæ. The remaining one (the anterior) was thickened and ulcerated. The same alterations were perceptible in a certain portion of the vagina near the cervix uteri. This first examination did not induce any suspicion of adhesion between the parts affected and the rectum or bladder. On introducing the finger up the rectum a tumour was found to occupy the situation of the uterus, and was concluded to be the deceased uterus itself. The various functions and the general health were in good condition. M. Recamier, who had once before extirpated the womb with success, determined on the operation in this case, and it was consented to without fear.

On the 26th July, at 7 o'clock in the morning, the patient was placed on a bed in the midst of numerons pupils and others, besides Messrs. Margolain, Breschet, Palrice, and Blandin, and the operation was commenced. M. Recamier first introduced an instrument (pince de museux) with which he seized the cervix uteri as high up as possible, and then dragged it down slowly and cautiously, the body of the uterus following it, till the whole came in view from the os externum. The artificial prolapsus thus effected, the operator fixed the organ in its new situation by means of another instrument (pince erigne) confided to the hand of an assistant. He then examined the rectum, and found that the gut had not come down with the uterus. He next introduced his finger between the anterior parietes of the vagina and the corresponding face of the retracted tumour, till he came to the junction of the two, when he introduced a bistoury with his right hand, divided the cul-de-sac at the spot above-mentioned, to the extent of an inch, and then withdrew the instrument. Through this wound the operator passed his finger, and divided some loose cellular substance till he came to the reflection of the peritoneum from the bladder over the uterus. This he divided with the bistoury once more introduced. The peritoneal incision was next enlarged, first on one side, and then on another, with a probe-pointed bistoury. The operator having searched for the broad ligaments, he passed a ligature around each, to prevent hæmorrhage, and then divided them with the knife. The peritoneum passing from the rectum to the uterus was next divided,

and the uterus itself dissected carefully away. The operation is said to have been conducted with remarkable sang froid—to have occupied only twenty minutes—and to have been succeeded by no hæmorrhage. The cervix uteri was found to be affected with open cancer; but the body of the uterus itself appears to have been very little affected. The patient bore the operation with unshaken courage, and fell asleep soon after she was put to bed. On the second day fever arose, and continued for two or three days, requiring several small bleedings. The fever ceased at the end of the fourth day, but was succeeded by a fixed pain in the right iliac region. Forty leeches were applied to this part, and the pain was reduced. The ligatures were removed on the fifth day, and on the sixth there was tension and swelling of the abdomen. Leeches were repeated. Nothing particular occurred till the ninth day, when, on examining the vagina, a fetid, dark, and sanguinolent fluid was found issuing forth. Injections were carefully thrown up during the next few days. By the twelfth day, when the account closes, she recovered some appetite, and had taken soup repeatedly. Should any thing further be published, we shall report it. Meantime the case may be considered as a successful one, as it is not now likely that the patient will die from the effects of the operation, which appears to have been performed with great skill and dexterity. [*Clinique.*

II. Supposed Foreign Body in the Ear—Hydrocephalus—Tumour in the Right Optic Thalamus.—Mr. Pearson, we believe, used to say, that if he *must* be deprived of one of the two means of information in a case, the history or the symptoms actually present, he would hold to the former and reject the latter. We cannot conceive a more injudicious decision, for no one can guard against the misrepresentations or mistakes of his patient respecting antecedent events; whereas most men can perceive what is actuly before their eyes. Our own conclusions are, that in very few cases should we place much reliance upon the history *per se*, unless it be corroborated or confirmed by existing symptoms. This is our own impression, and we have now had some little experience in case-taking. The following instance will furnish a useful commentary on our position.

Case. A child, about 10 or 11 years of age, was brought by its parents to the Hotel Dieu, with hemiplegia of the whole left side, and violent and painful retraction of the limbs on this side almost amounting to the tetanic spasm. On attempting extension of these parts the little patient struggled and screamed, and there was strabismus of the left eye. The parents declared that these symptoms had followed the introduction of the stone of a wild plum into the left ear, many years previously, which stone could never be extracted. On carefully examining the part M Dupuytren could neither see nor find any foreign body, and the general cast of the symptoms led him to suspect organic disease of the brain A seton was made in the nucha and light purgatives employed, apparently, at first, with good effect. General convulsions, however, came on—the contraction of the muscles of the left side became more painful—the evacuations were passed involuntarily—and three months after its admission, the patient died.

Dissection. No disease of the bones at the basis cranii—*no foreign body whatever in the ear, which was sound.* The cerebral meninges were healthy, but the sub-arachnoid cellular membrane was infiltrated with serum, and much was also found in the lateral ventricles. In the snbstance of the right optic thalamus was a tumour the size of a small hen's egg, of rounded shape, reddish grey exterior, and marked with numerous rough points. Its consistence was firm and its texture homogeneous, of greenish colour, and filled with a number of small cavities containing serous fluid. The cavity in the cerebral matter in which the tumour lay was irregular, and its parietes were softened. The abdominal and thoracic viscera were sound.

Had dependence been placed on the relatives' account, or severe measures used to extract the foreign body affirmed to reside in the ear, and be-

lieved to produce the existing ills, what a blunder the surgeon would have made, what a risk the patient would have run! The case should teach us caution, especially when extraneous substances are merely said to be present in any of the outlets or inlets of the body, without tangible or other positive proof of the fact. The attempt to dislodge such imaginary obstructions not seldom excites unpleasant symptoms, and might readily give a fatal fill up to any that actually existed. [*Journ. Hebdom. No.* 40.

III. Excessive prolongations of the Mucous Membrane of the upper lip.—A young soldier in garrison at Paris presented himself in the Hotel Dieu on the 20th of April, with a great prolongation of the mucous membrane of the upper lip, which almost entirely covered the teeth on each side when the patient attempted to speak or laugh. The double kind of pouch produced by this protrusion of the mucous membrane impeding the motions of the lip, indep endently of the disagreeabe deformity it occasioned, the gallant soldier was very desirous of an operation for its removal. M. Dupuytren having directed an assistant to hold the upper lip on one side, seized it himself on the other, and nipped off the projecting mucous membrane with a pair of scissors, curved like those for excision of the tonsil on their flat side. A brisk hæmorrhage ensued, but was soon arrested; suppuration of the wound ensued, and at the end of eight days the patient was cured.

The reporter remarks, that the seat of this disease is in the sub-mucous cellular tissue, which is hypertrophied and more or less infiltrated with serum. The mucous glands of the lip, continually irritated by the suction, motions, and pinchings which the prolongation of the mucous membrane undergoes, are generally much enlarged also. In some individuals the permanent irritation induces chronic inflammation, which may even end in cancerous degeneration. In one case, M. Dupuytren was obliged to remove a great portion of the posterior part of the lip, which had become cancerous under these circumstances.

Remarks on Herniæ of the Muscles.—Be not alarmed, gentle student, we are not about to heave another Ossa on the Pelions and Olympus' that already intervene between you and your diploma. We are not to add another to the thousand and one varieties of herniæ in and about that region so sacred to the divinities of surgery, the region of the groin. What we mean to describe is of quite another character.

After accidental openings, says M. Dupuytren, made in the fasciæ by surgical operations, wounds *not* surgical, or violent efforts, it frequently happens that the muscles, during their contraction, pass through the apertures, and form true hernial protrusions. They are sometimes very painful, and prevent the patients from using their limbs, and especially from walking, unless they are treated by appropriate bandaging. Occasionally the tumours thus formed give rise to strange errors in diagnosis, and consequent mischief in practice. A young man, for instance, the son of one of the members of the counseil général des hôpitaux, fatigued himself greatly in mounting a horse *à l' Anglaise*, whose manner of riding is well known to exercise greatly the muscles of the calf. A tumour supervened on the inner and posterior part of the leg, which was extremely painful on walking, or even standing still. When the patient lay down, the tumour disappeared and the pain subsided. Several practitioners were consulted on the case, some of whom thought it was a varix, others an enlargement of the nerves, but M. Dupuytren detected a protrusion of the muscles, such as has been mentioned above, and applied a bandage with complete success.

MIDWIFERY.

Claims of the Americans to the discovery of the Ergot of Rye.—Sir—At page 74 of your last Journal, amongst other observations of Dr. Wetherill, is the following: "The use of ergot, in hastening the process of labour, was originally made known to the public by a citizen of New York, Dr. Stearns. It was Dr. Hosack, my late preceptor, of the same city, who first suggested its use, and gave the ergot to arrest uterine hæmorrhage. It has been said that the *candle* was originally lit in Italy, but if so, why was its light kept under a bushel?"

While, Sir, our Transatlantic brethren have sent forth such works as Dewees' Midwifery, Beck's Medical Jurisprudence, Chapman's Therapeutics, and Barton's and Bigelow's Medical Botany, it ill becomes any medical man to depreciate their labours; but Jonathan, as we all know, is a creature who cannot bear too much caressing; we must not then allow him to shine in borrowed plumes; and, I, therefore, contradict Dr. Wetherill's assumptions, through the same medium that he has communicated his mistaken impressions. The fact is, that the first notice that occurs of spurred rye as a uterine remedy was in the year 1688, when Camerarius stated that the women, in certain parts of Germany, were in the habit of employing it to accelerate parturition. From that period till 1774, no author had made mention of its being used; and it was then that a very brief letter from Parmentier to the editor of the *Journal de Physique*, made known that it was frequently given as a child-bed remedy by Madame Depelle, a midwife at Chaumont, in the Vexin. But this letter, which is a mere announcement of the fact, contained no other information. It was reserved for M. Desgranges to make known more fully the singular property of ergot. Having met with several midwives, in 1777, both in Lyons and its environs, who from a traditionary knowledge were accustomed to employ it with no little mystery, he at length made trials of it, which for the most part were crowned with success. He published, at different times, and in various journals, the results of his practice, and specified the peculiar circumstances which he conceived admitted or contra-indicated the employment of this remedy. [*Lancet.*

TO SUBSCRIBERS.

It will be seen that the amount of our pages is, in the present number, increased. We preferred to commence our work in a form which might be sustained without difficulty, and subsequently to multiply our columns, as the list of subscribers and contributors should increase. For our next, we have an interesting article on the extirpation of the Uterus, from Dr. Hughey of Pittsburgh. We shall soon be favoured with a valuable article on Vaccination, from our distinguished friend Professor Potter. Professor Wells will aid us in our labours as soon as his present engagements are discharged.